



APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

Application Instructions:

- Complete the entire application form (copies of the form are acceptable).
- Applicants are strongly encouraged to attach a current resume or biography.
- Specifically list the names of the boards or commissions to which you are applying (multiple selections are allowed). Paperwork cannot be appropriately processed unless specific boards or commissions are listed.
- Return application along with your resume to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002

- This form can be obtained electronically at <http://www.governor.wa.gov>, or by calling the Governor's Office at: (360) 753-6780.

Board(s) or Commission(s) for which you would like to be considered:

Name and address:

Name:

Business Address:

Home Address:

County:

County:

Business Phone:

Home Phone:

Business Fax:

Home Fax:

Business E-mail:

Home E-mail:

Legislative District:

Congressional District:

Are you registered to vote in Washington State? ☐ Yes ☐ No

Are you a citizen of the United States? ☐ Yes ☐ No

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) ☐ Yes ☐ No If so, please provide particulars.

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Licenses held (if applicable):

References (name, title, contact phone number):

Previous employment or experience:

Memberships in professional or civic organizations (please include offices held and dates of terms):

Personal Information:

NOTE: The Governor desires a broad representation of backgrounds on boards and commissions. The information below will assist in this goal and is voluntary on your part.

Of what race or ethnicity do you consider yourself to be?

- ☐ Black/African-American
☐ Asian or Pacific Islander American

- ☐ White/Caucasian
☐ American Indian or Alaska Native

- ☐ Latino(a), Hispanic, or Spanish?

If you are Asian or Pacific Islander, please check one box below:

- ☐ Chinese
☐ Filipino
☐ Hawaiian
☐ Korean
☐ Samoan
☐ Guamanian
- ☐ Vietnamese
☐ Asian Indian
☐ Japanese
☐ Cambodian
☐ Laotian
☐ Other: _____

If you are American Indian or Alaska Native, please check one box below:

- ☐ Eskimo
☐ Aleut
- Enrolled or principal tribe if American Indian:
Tribe: _____

If you are Latino(a), Hispanic, or Spanish, please check one box below:

- ☐ Mexican, Mexican-American, Chicano
☐ Puerto Rican
☐ Cuban
☐ Other Latino(a), Hispanic, or Spanish
Enter group, such as Colombian, Dominican, etc.
Group: _____

☐ Other Race: _____

Birth Date: ____/____/____

☐ Female ☐ Male

Do you have a permanent physical, sensory, or mental condition that substantially limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ☐ Yes ☐ No

Have you ever been on active duty in the U.S. Armed Forces? ☐ Yes ☐ No

Signature: _____

Date: ____/____/____

